

Please Fax, E-mail or Mail completed form to arrive in our office at least (2) days prior to our appointment

CONFIDENTIAL CLIENT QUESTIONNAIRE



Date Completed	
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PERSONAL INFORMATION

	CLIENT	SPOUSE / PARTNER
NAME		
Date of Birth		
Gender		
U.S. Citizen?		
Address		
City, State, Zip Code		
Home Phone		
Work Phone		
Cell Phone		
E-Mail		
Primary Contact Person (Check one)		
Prefer Contact by (E-Mail, Phone, Etc.)		

FAMILY INFORMATION

(Please list children and other dependents)

Name	Relationship	DOB	Dependent	Residence	Special Needs

EMPLOYMENT INFORMATION

	CLIENT	SPOUSE / PARTNER
Employment Status (Full-Time, Part-Time, Retired)		
Occupation		
Employer		
Years of Service (w/current employer)		
Anticipated Employment changes?		
Salary		
Bonus/Commission/Etc.		
Business / Self-Employment Income		
Other Earned Income		

GOAL PLANNING

RETIREMENT GOALS

		CLIENT	SPOUSE / PARTNER
TARGET RETIREMENT DATE/AGE			
LATEST ACCEPTABLE RETIREMENT DATE/AGE			
GOALS FOR RETIREMENT (Check all that Apply)			
Maintain current lifestyle	Increased Travel	Relocate	2 nd Home/Dual Residence
Part Time Work	New Career or Business	New Hobbies	Service Activities
Other		Other	

“BUCKET LIST” or LIFE GOALS (Beyond the scope of routine annual spending)

GOAL (DESCRIPTION)	EXPENSE	TIMING

EDUCATION FUNDING GOALS

STUDENT NAME	PROJECTED EXPENSE	DESIRED LEVEL OF FUNDING

FINANCIAL PRIORITIES AND PREFERENCES

In the event our analysis indicates a need to modify your plans, rank the following possible actions

1= Most acceptable, 6=Least acceptable

POTENTIAL CHANGES	CLIENT	SPOUSE/PARTNER
Work longer (delay retirement)		
Earn post-retirement income		
Save more (Reduce current spending)		
Reduce standard of living in retirement		
Assume more risk		
Reduce Final Estate (Available to Heirs)		

ESTATE PLANNING

DOCUMENT	DO YOU HAVE?	YEAR DRAFTED	STATE DRAFTED
Wills			
Living Trust			
Power of Attorney (Financial)			
Power of Attorney (Healthcare)			
Advanced Healthcare Directive (Living Will)			
Other			

FINANCIAL CONCERNS

1	
2	
3	

ANY SPECIAL CIRCUMSTANCES THAT COULD IMPACT YOUR FINANCIAL PLAN?

1	
2	
3	

HOW DID YOU LEARN ABOUT [GOOD FINANCIAL ADVISORS?](#)

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HOW WERE YOUR CURRENT INVESTMENTS SELECTED?

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PROFESSIONAL ADVISORY RELATIONSHIPS

List any professional advisors or financial service providers whom you would like to RECOMMEND

ADVISOR/SERVICE	NAME / FIRM	COMMENTS
Financial Planner		
Broker		
Accountant		
Attorney		
Tax preparation		
Insurance Agent		

ASSETS

FINANCIAL (INVESTED) ASSETS

	CLIENT	SPOUSE/PARTNER	JOINT
Liquid Assets (Banks, Credit Union, CD, MM)			
Taxable Investment Accounts			
Tax-Deferred (401K, 403B, IRA, Etc.)			
Tax-Exempt (ROTH)			
Health Savings Accounts (HSA)			
College Savings (529, Coverdell, Etc.)			

REAL ESTATE and PERSONAL PROPERTY

	CLIENT	SPOUSE/PARTNER	JOINT
Primary Residence			
Other Real Property			
Vehicle			
Vehicle			
Other			

LIABILITIES

LONG-TERM DEBT

Type of Loan	Amount Borrowed	Origination Date	Term	Interest Rate	Payment	Current Balance

SHORT-TERM DEBT (List Balances that will NOT be paid within 30-days)

	Interest Rate	Credit Limit	Current Balance
Credit Cards			
HELOC			
Other			

HAVE YOU OBTAINED A COPY OF YOUR CREDIT REPORT IN THE PAST YEAR? YES NO

RETIREMENT INCOME

SOURCE	CLIENT		SPOUSE / PARTNER	
SOCIAL SECURITY	Monthly Benefit		Monthly Benefit	
	Starting Age		Start Age	
PENSION Current Employer	Monthly Benefit		Monthly Benefit	
	Starting Age		Starting Age	
	Annual Increase %		Annual Increase %	
	Survivor Benefit %		Survivor Benefit %	
PENSION Previous Employer	Monthly Benefit		Monthly Benefit	
	Starting Age		Starting Age	
	Annual Increase %		Annual Increase %	
	Survivor Benefit %		Survivor Benefit %	
OTHER INCOME				

CURRENT (ANNUAL) SAVINGS

DESCRIPTION	CLIENT	SPOUSE / PARTNER
Pre-Tax Contributions (401K, 403B, IRA, Etc.)		
Employer Contributions		
Roth IRA or Roth 401K		
College Savings		
Other		
How much would you be able to INCREASE Savings		

RISK TOLERANCE

The following chart illustrates RISK and REWARD relationships for several hypothetical investment portfolios. **LONG TERM RETURN** is the average annual return you could expect over an extended period of time. **POTENTIAL LOSS** is a decline in portfolio value you might experience during a severe stock market downturn.

Portfolio	Long Term Avg Return	Potential Loss (Single-Year)
A	5.1%	~10%
B	5.6%	~13%
C	6.1%	~16%
D	6.6%	~20%
E	7.0%	~24%

QUESTIONS	CLIENT	SPOUSE/PARTNER
You are most comfortable with WHICH of the above Portfolios?		
You would be Fully Satisfied with this Expected long-term return		
You could remain Fully invested – while experiencing the loss indicated		

INSURANCE

HEALTH (MEDICAL)	CLIENT	SPOUSE/PARTNER
Type (Group or Individual)		
Insurance Company		
Deductible		
Annual Premium		

LIFE INSURANCE	CLIENT			SPOUSE/PARTNER		
	Coverage Amount	Cash Value	Annual Premium	Coverage Amount	Cash Value	Annual Premium
Term (Group)		X			X	
Term (Individual)		X			X	
Whole Life (Permanent)						

DISABILITY INSURANCE	CLIENT			SPOUSE/PARTNER		
DESCRIPTION	Monthly Benefit	Waiting Period	Monthly Premium	Monthly Benefit	Waiting Period	Monthly Premium
Group (Employer) STD						
Group (Employer) LTD						
Individual Disability Policy						

LONG TERM CARE INSURANCE	CLIENT	SPOUSE/PARTNER
Insurance Company		
Max. Daily Benefit		
Benefit Period		
Elimination (Waiting) Period		
Inflation Rider (Annual Increase)		
Annual Premium		

PROPERTY & CASUALTY	COVERAGE	ANNUAL PREMIUM
Home		
Auto		
Umbrella Liability		
Professional Liability		

HAVE YOUR EVER BEEN TURNED DOWN FOR ANY TYPE OF INSURANCE? YES NO

ADDITIONAL INFORMATION

The Following documents may be needed, should you engage our services:

- Prior Year Tax Return
- Paycheck Stubs
- Retirement Plan Statements (including list of available investment options)
- Brokerage Account Statements
- Mutual Fund Statements
- Insurance Policies
- Employee benefits booklets
- Social Security Benefit Statements
- Pension Documents

PRIOR TO YOUR FINANCIAL CONSULTATION

Please Fax, E-mail or Mail completed form to arrive at this office at least (2) days prior to appointment

Please keep a completed copy for yourself, and bring it to the meeting.

Garry Good, CFP®
33 Hodgehaven Circle
Bloomington, IL 61704

Phone: 309.661.1375

Fax: 866.380.3443

E-Mail: garry@goodfinancialadvisors.com

www.GoodFinancialAdvisors.com